

Medicines Management Accredited Programme (MMAP)

Application Form

Candidate details:

Candidate name:			
Work-base address:			
Telephone:			
Email:			
Technician Qualification:	BTEC Pharmacy Services NVQ Level III Pharmacy Other (please state)	Year of qualif	ication
Candidate signature:			Date:
Educational supervisor (EC) data:			
Educational supervisor (ES) detail	s:		
ES name:			
Job Title:			
Date of registration/accreditation:			
ES email:			
ES signature:			Date:
Clinical Pharmacy Manager (CPM CPM name:) details and confirmation:		
I confirm that:			
 has the necessary approval from this Trust to undertake the programme meets the criteria for entry to the programme will be supported within this Trust throughout the programme. 			
Please tick the module(s) that you wish the candidate to complete:			
Module 1 – The supply of medicati	ion to individual patients		
Module 2 – The assessment of pat	·		
Module 3 – Medicines reconciliation	on 1 (Drug history)		
CPM signature:			Date:
Trust Pharmacy Manager signatur	e:		Date: